

Your Responsibility as an Employee



Employees **MUST** Notify The GIC When Their Personal Information Changes

Failure to provide timely notification of personal information changes may affect your insurance coverage and may result in your being billed for health care services provided to you or a family member. Please tell your GIC Coordinator if any of the following changes occur:

- Marriage
- Legal separation
- Divorce
- Address change
- Birth or adoption of a child
- Legal guardianship of a child
- Remarriage of an insured
- Remarriage of a former spouse
- Dependent turning age 19
- Marriage of a covered dependent
- Student dependent 19 and over graduating, withdrawing from school, and changing from full-time to part time status
- Death of an insured
- Death of a covered spouse, dependent or beneficiary
- Life insurance beneficiary change

You may have personal financial responsibility associated with the lack of timely notification.



GIC Q&A

Q *I'm turning age 65; what do I need to do?*

A If you are age 65 or over, call or visit your local Social Security Office for confirmation of Social Security and Medicare benefit eligibility. If eligible and if you continue working after age 65, you should enroll in Medicare Part A. You and your spouse should NOT enroll in Medicare Part B until you (the insured) retire. When you retire, refer to the GIC's *Retiree/Survivor Benefit Decision Guide* for Medicare rules and plan options.

The spouse of an active employee who is 65 or over should sign up for Medicare Part A when he or she (the spouse) reaches age 65 and enroll in Part B when the insured retires.

Most enrollees should not sign up for Medicare Part D. *See page 11 for more information.*

Q *If I die, are my surviving spouse and children eligible for GIC health insurance?*

A If you (the state employee) have coverage through the GIC at the time of your death and you and your spouse are not divorced or legally separated, your surviving spouse is eligible to continue his/her GIC health insurance coverage until he/she remarries or dies. Your surviving spouse must apply for survivor spouse coverage, as it is not an automatic benefit. To apply, your surviving spouse must contact the GIC. Upon approval, the GIC will directly bill your surviving spouse for his/her share of the health insurance premium.

If your children are covered under your health plan at the time of your death, they may continue GIC coverage until they reach age 19. See our website's family status question and answer section for more information.

Q *I am leaving state service and am not continuing GIC health coverage. When does my coverage end?*

A The coverage ends on the last day of the month following the month you leave state service, providing your premiums for that month are paid.

See the GIC's website for answers to other frequently asked questions:
www.mass.gov/gic

Changing How We Choose and Use Health Care

Three years ago the GIC embarked on a program called the Clinical Performance Improvement (CPI) Initiative to address the wide disparity in physician and hospital performance as well as an alarming rise in health care costs. We have gathered information about health providers to quantify differences in care. The data analysis was provided to our health plans to develop benefit plans that reward you, through modest co-pay differentials, for choosing quality, cost-effective care. The goal is to increase transparency in health care's cost and quality so that you can become more knowledgeable when making health care decisions.

Some employers have tried to address the rising cost of health care by moving to high deductible plans, where employees must pay the first \$1,000 to \$2,000 of their care. Other employers have discontinued or drastically reduced coverage, particularly for retirees, and certain others are charging smokers more for their coverage. The GIC's CPI Initiative offers an alternative to these measures that will help to preserve comprehensive benefit levels and choice, while improving health care quality and cost efficiency.

In keeping with our CPI Initiative, over the last two years, we have introduced new Select & Save plans and enhanced existing plans. Many of these programs include selective networks or tiered hospital networks that highlight quality, cost-effective clinicians and facilities.

Select & Save Plan Changes This Year

This year, we are expanding our programs to include more information about the quality and cost of physicians. The Select & Save program encourages members to seek out physicians who are mindful of treatment quality and cost. Each plan put together its own benefit design consistent with the CPI Initiative. Some plans tiered co-pays for primary care physicians, others tiered co-pays for specialists. Members retain access to all of the providers in our health plans' networks.

An overview of each Select & Save plan follows. The new Select & Save benefits-at-a-glance chart on pages 14-15 helps you compare co-pay tiers by plan. For detailed information about how the plans have tiered providers, and which providers are in which tier, contact the health plans.

Select & Save Co-Pay Tiering Changes



See pages 4-5 for other benefit changes.

Commonwealth Indemnity Plan Community Choice

Unicare, the medical benefits administrator of this plan, will be tiering all physicians. Members will pay lower co-pays if they seek care from more efficient and higher quality providers.

- Physician office visit co-pay: \$10 tier 1, \$20 tier 2

Commonwealth Indemnity Plan PLUS

Unicare, the medical benefits administrator of this plan, will be tiering all physicians. Members will pay lower co-pays if they seek care from more efficient and higher quality providers.

- Physician office visit co-pay: \$10 tier 1, \$20 tier 2

Fallon Community Health Plan Select Care

Fallon Community Health Plan is establishing a two-tier primary care physician (PCP) network for the Select Care plan. Members who seek care from preferred tier PCPs (called Value Plus) will pay a lower co-pay than members seeking care from a non-preferred tier PCP (called Value). Additionally, the tier of your PCP will affect co-payments for other services as listed below.

- Primary care physician visit co-pay: \$15 Value Plus, \$20 Value
- Pediatric wellness visit co-pay: \$5 Value Plus, \$10 Value
- Specialist visit co-pay: \$20 Value Plus, \$25 Value
- Outpatient surgery co-pay (maximum 4 per year): \$100 Value Plus, \$125 Value
- Inpatient hospital care co-pay (maximum 4 per year): \$250 Value Plus, \$300 Value

Benefit Changes Effective July 1, 2006

Harvard Pilgrim Health Care

This Point of Service (POS) plan will change to a Preferred Provider (PPO) plan, which does not require selection of a primary care physician (PCP) or referrals to see a specialist. *If you are a current member of the Harvard Pilgrim Health Care POS Plan, you will automatically be enrolled in this new plan unless you make a change during annual enrollment.*

The new plan, called the Harvard Pilgrim Independence Plan, will institute a two-tier network for five physician specialties. These specialists will be tiered based on the cost effectiveness of their practices. Members seeing a preferred specialist will pay a lower co-pay than for non-preferred specialists and other specialists who are not subject to tiering.

- Specialist visit co-pay (Dermatology, Orthopedics, Gastroenterology, General Surgery, and Cardiology): \$15 tier 1, \$25 tier 2
- Specialist visit co-pay (all other specialties): \$25

Health New England

Health New England will implement a three-tier Primary Care Physician (PCP) network. Family Practice/Internal Medicine and Pediatricians will be tiered based on the cost effectiveness of their practice.

- Primary care physician and pediatric office visit co-pay: \$10 tier 1, \$15 tier 2, \$25 tier 3

Navigator by Tufts Health Plan

Tufts Health Plan will institute a two-tiered network for surgical specialists. Members will pay a lower co-pay for using a surgical specialist whose primary affiliation is with a tier 1 hospital. Members will pay a higher co-pay for surgical specialists whose primary affiliation is with a tier 2 or tier 3 hospital and for other specialists who are not subject to tiering.

- Specialist surgeon office visit co-pay (General Surgeon, Hand, Orthopedic, Neurology, Thoracic, General Vascular, Plastic and Reconstructive, Colon and Rectal, and Urology): \$15 tier 1 hospital affiliation, \$25 tier 2 and tier 3
- Specialist visit co-pay (other specialists): \$25

Neighborhood Health Plan

Neighborhood Health Plan will offer two plans; its current HMO, renamed NHP Care, and a new Select & Save Plan called NHP Community Care. This new plan has a selective network with primary care based at NHP's 49 Community Health Centers and 14 Harvard Vanguard Medical Associates sites.

NHP Community Care (See pages 15 and 19 for other details.)

- Physician office visit co-pay: \$10
- Inpatient hospital care admission co-pay: \$200
- Outpatient surgery co-pay: \$75
- Prescription drug retail generic/brand/non-preferred brand co-pays: \$7/\$20/\$40
- Prescription drug mail order generic/brand/non-preferred brand co-pays: \$14/\$40/\$120

Other Health Plan Benefit Changes

All Health Plans

- Elimination of physician office visit co-pay cap of 15 co-pays per person per calendar year

Fallon Community Health Plans, Health New England and NHP Care

- Elimination of mental health/substance abuse office visit co-pay cap of 15 co-pays per person per calendar year

Commonwealth Indemnity Plan Basic

- Early intervention services improved: \$5,200 per child per year up to \$15,600 lifetime maximum
- In-network skilled nursing facility services: 80% coverage up to a maximum of 45 days
- Outpatient surgery co-pay: \$75 per occurrence
- Non-preferred brand name drug mail order co-pay: \$90
- Mental Health in-network outpatient care co-pay: \$15 for all visits
- Employee Assistance Program: No co-pay for first three visits; thereafter, use mental health benefit
- Mental Health medication management visit co-pay: \$10

Commonwealth Indemnity Plan Community Choice

- Early intervention services improved: \$5,200 per child per year up to \$15,600 lifetime maximum
- In-network skilled nursing facility services: 80% coverage up to a maximum of 45 days
- Non-preferred brand name drug mail order co-pay: \$90
- Mental Health in-network outpatient care co-pay: \$15 for all visits
- Employee Assistance Program: No co-pay for first three visits; thereafter, use mental health benefit
- Mental Health medication management visit co-pay: \$10

Commonwealth Indemnity Plan PLUS

- Early intervention services improved: \$5,200 per child per year up to \$15,600 lifetime maximum
- In-network skilled nursing facility services: 80% coverage up to a maximum of 45 days
- Non-preferred brand name drug mail order co-pay: \$90
- Mental Health in-network outpatient care co-pay: \$15 for all visits
- Employee Assistance Program: No co-pay for first three visits; thereafter, use mental health benefit
- Mental Health medication management visit co-pay: \$10

Fallon Community Health Plan Direct Care

- Outpatient surgery co-pay: \$75

Harvard Pilgrim Independence Plan

- Inpatient hospital care and outpatient surgery co-pay maximums: 4 of each per person per calendar year
- Tier 3 prescription drug mail order co-pay: \$90
- In-network outpatient mental health/substance abuse care visit co-pay: \$15 all visits
- In-network mental health/substance abuse medication management visit co-pay: \$10
- Early intervention services enhanced: \$5,200 per child per year up to \$15,600 lifetime maximum
- In-network skilled nursing facility services: 80% coverage up to a maximum of 45 days

Health New England

- Inpatient hospital care co-pay: \$200 per admission
- CT scans, MRIs, MRAs and PET scans co-pay: \$50

Navigator by Tufts Health Plan

- Pediatric hospital inpatient admission co-pay: \$200 tier 1, \$400 tier 2
- Inpatient hospital care and outpatient surgery co-pay maximums: 4 of each per person per calendar year
- Tier 3 prescription drug retail/mail order co-pays: \$40/\$90
- Early intervention services enhanced: \$5,200 per child per year up to \$15,600 lifetime maximum
- In-network skilled nursing facility services: 80% coverage up to a maximum of 45 days

- Mental Health in-network outpatient care co-pay: \$15 for all visits
- Employee Assistance Program: No co-pay for first three visits; thereafter, use mental health benefit
- Mental Health medication management visit co-pay: \$10

NHP Care *(formerly called Neighborhood Health Plan)*

- Physician office visit co-pay: \$20
- Emergency room visit co-pay: \$75 *(waived if admitted)*
- Inpatient hospital care admission co-pay: \$300
- Outpatient surgery co-pay: \$100
- Brand name prescription drug retail/mail order co-pays: \$25/\$50
- Non-preferred brand prescription drug retail/mail order co-pays: \$45/\$135

Other Benefit Changes**Life Insurance**










The GIC has selected The Hartford as its new life insurance carrier effective July 1, 2006. Life insurance changes effective July 1, 2006:

- Life and Accidental Death and Dismemberment benefits will be enhanced to cover acts of war and terror.
- Optional life insurance rates will decrease *(see page 7)*.
- The GIC will eliminate the one-year waiting period to increase or enroll in optional life insurance coverage. Active state employees will now be able to apply for additional Optional Life and Accidental Death and Dismemberment benefits at any time with proof of good health.

The UnumProvident LifeBalance® Program will be replaced by The Hartford's Beneficiary Assist Program, which provides counseling, legal, and financial assistance via telephone and in person after the death of a family member.

Health Plan Rates

Monthly GIC Plan Rates as of July 1, 2006

	For Employees Hired on or before June 30, 2003		For Employees Hired after June 30, 2003	
	15%		20%	
	EMPLOYEE PAYS		EMPLOYEE PAYS	
BASIC LIFE INSURANCE ONLY \$5,000 coverage	\$1.03		\$1.37	
HEALTH CARE PLAN (Including Basic Life Insurance)	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY
Commonwealth Indemnity Plan Basic <i>with</i> CIC (Comprehensive)	\$127.00	\$294.74	\$159.18	\$369.43
Commonwealth Indemnity Plan Basic <i>without</i> CIC (Non-Comprehensive)	96.54	224.08	128.72	298.77
 Commonwealth Indemnity Plan Community Choice	47.96	113.59	63.95	151.45
 Commonwealth Indemnity Plan PLUS	68.81	162.71	91.74	216.94
 Fallon Community Health Plan Direct Care	52.75	125.08	70.32	166.77
 Fallon Community Health Plan Select Care	62.07	145.84	82.75	194.45
 Harvard Pilgrim Independence Plan	68.60	164.38	91.47	219.17
 Health New England	55.35	135.62	73.79	180.82
 Navigator by Tufts Health Plan	68.53	164.85	91.37	219.79
 NHP Care	55.67	145.74	74.23	194.32
 NHP Community Care	50.86	132.99	67.81	177.31

You must make your annual enrollment decisions based on current contribution percentages, knowing that these could change after the Commonwealth's annual budget is finalized.
For other plan considerations, see page 10.

Monthly GIC Plan Rates as of July 1, 2006

OPTIONAL LIFE INSURANCE RATES*

Including Accidental Death and Dismemberment

ACTIVE EMPLOYEE AGE	SMOKER RATE	NON-SMOKER RATE
	<i>Per \$1,000 of coverage</i>	<i>Per \$1,000 of coverage</i>
Under Age 35	\$0.09	\$0.05
35 – 44	0.13	0.06
45 – 49	0.24	0.09
50 – 54	0.38	0.15
55 – 59	0.58	0.23
60 – 64	0.88	0.34
65 – 69	1.57	0.83
Age 70 and over	2.81	1.30

LONG TERM DISABILITY BENEFIT*

ACTIVE EMPLOYEE AGE	EMPLOYEE MONTHLY RATES
	<i>Per \$100 of Monthly Earnings</i>
Under 20	\$ 0.10
20 - 24	0.10
25 - 29	0.12
30 - 34	0.17
35 - 39	0.22
40 - 44	0.41
45 - 49	0.60
50 - 54	0.84
55 - 59	1.06
60 - 64	0.96
65 - 69	0.45
70 and over	0.25

GIC DENTAL/VISION PLAN RATES

*For Managers, Legislators, Legislative Staff and Certain Executive Office Staff**

	INDIVIDUAL COVERAGE	FAMILY COVERAGE
PPO PLAN	\$3.52	\$10.91
INDEMNITY PLAN	\$4.96	\$15.36

*Only available to active employees who meet the criteria listed on pages 21-22 and 26.